PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSU. FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

IN ap in m

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				e: A certificate of	mailing can only be used	for domestic mailings of the
				Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
		8/2008		Certificate of Mailing or Transmission		
FITCH EVEN TABIN AND FLANNERY 120 SOUTH LA SALLE STREET SUITE 1600				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Signature)
	•					(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/532,900 04/27/2005		Koji Kikushima		6700-85315 2254		
TITLE OF INVENTION: SYSTEM	OPTICAL SIGNAL I	RECEIVER, OPTICAL S	IGNAL RECEIVING APP	ARATUS, AND O	PTICAL SIGNAL TRANS	SMISSION
, , , , , , , , , , , , , , , , , , ,						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/18/2008
EXAMIN		ART UNIT	CLASS-SUBCLASS	J	41740	03/16/2008
LI, SHI K		2613	398-161000	;		
1. Change of corresponden			2. For printing on the p	stant front nage list		
CFR 1.363).		•	(1) the names of up to	3 registered patent	, F'1+ch.	Even, Tabin
Change of corresponded Address form PTO/SB/			or agents OR, alternative (2) the name of a single	single firm (having as a member a 2 & Flannery		
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AN	D RESIDENCE DAT.	A TO BE PRINTED ON T	THE PATENT (print or typ	e)		
PLEASE NOTE: Unles recordation as set forth	s an assignee is ident in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the pa \(\text{a substitute for filing an a} \)	tent. If an assigne assignment.	e is identified below, the	document has been filed for
(A) NAME OF ASSIGN			(B) RESIDENCE: (CITY	-	DUNTRY)	
NIPPON TEL	EGRAPH AND I	ELEPHONE CORPC	RATION	J.	APAN	
Please check the appropriat	e assignee category or	categories (will not be pr	inted on the patent):	Individual Cor	poration or other private gr	oup entity Government
4a The following fee(s) are	e submitted:	4b	. Payment of Fee(s): (Plea	se first reapply any	previously paid issue fee	shown above)
ssue Fee		A check is enclosed.			,	
	small entity discount p	permitted)	Payment by credit card	I. Form PTO-2038	is attached.	oficionary on one dit con-
☐ Advance Order - # o	of Copies		overpayment, to Depos	it Account Number	e the required fee(s), any d 06-1135 (enclose:	an extra copy of this form).
 Change in Entity Status a. Applicant claims S 	•	•	☐ h Applicant is no lone	er claiming SMAL	L ENTITY status. See 37 C	PED 1.27(a)(2)
NOTE: The Issue Fee and I	Publication Fee (if req	uired) will not be accepted	from anyone other than th			he assignee or other party in
interest as shown by the rec	ords of the United Sta	tes Patent and Frademark	Office.			
Authorized Signature	lar 1	Kn		Date Sept	ember 17, 2008	·
Typed or printed name James P. Krueger				Registration No. 35,234		
Typed or printed name _						
This collection of informati	on is required by 37 C	FR 1.311. The informatio	n is required to obtain or re	tain a benefit by the	nublic which is to file (an	d by the USPTO to process) ng gathering, preparing, and

This collection of information is rean application. Confidentiality is g submitting the completed applications for real this form and/or suggestions for real Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.